MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/5 78 331	5 4 06
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		2		2				53						
4		2		2				54						
5		1		1				55						
6	1		1					56						
7		1		1				57						
8		1		1				58						
9	1		1					59						
10								60						
11					1			61						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			3					TOTAL IND.						
TOTAL DEP.			8					TOTAL DEP.						
TOTAL CLAIMS			11					TOTAL CLAIMS						